B1 (Official Form 1)(04/13)								
	States Bank ern District of						Voluntary	Petition
Name of Debtor (if individual, enter Last, First, Bellmier, Ryan	Middle):		Name	of Joint De	ebtor (Spouse) (Last, First,	Middle):	
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):			All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):					
Last four digits of Soc. Sec. or Individual-Taxpa (if more than one, state all) xxx-xx-1868	yer I.D. (ITIN)/Com	plete EIN	Last fo	our digits o	f Soc. Sec. or	Individual-T	Faxpayer I.D. (ITIN) N	o./Complete EIN
Street Address of Debtor (No. and Street, City, a 24 Montauk Pl Staten Island, NY	and State):	ZIP Code	Street	Address of	Joint Debtor	(No. and Str	eet, City, and State):	ZIP Code
County of Residence or of the Principal Place of Richmond		10314	Count	y of Reside	ence or of the	Principal Pla	ace of Business:	
Mailing Address of Debtor (if different from stre	eet address):		Mailin	g Address	of Joint Debt	or (if differer	nt from street address):	
	Γ	ZIP Code						ZIP Code
Location of Principal Assets of Business Debtor (if different from street address above):								
Type of Debtor (Form of Organization) (Check one box) Individual (includes Joint Debtors) See Exhibit D on page 2 of this form. □ Corporation (includes LLC and LLP) □ Partnership □ Other (If debtor is not one of the above entities, check this box and state type of entity below.) Chapter 15 Debtors Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending: Filing Fee (Check one box □ Filling Fee attached □ Filing Fee to be paid in installments (applicable to attach signed application for the court's considerating debtor is unable to pay fee except in installments. In Form 3A. □ Filing Fee waiver requested (applicable to chapter attach signed application for the court's considerating the court's consid	(Check Health Care Bu Single Asset R in 11 U.S.C. § Railroad Stockbroker Commodity Br Clearing Bank Other Tax-Exe (Check box Debtor is a tax-ex under Title 26 of Code (the Internation) individuals only). Muston certifying that the Rule 1006(b). See Office 7 individuals only). Muston certifying that the	cal Estate as de 101 (51B) oker capt Entity capta, if applicable) capta Graphicable capta Graphicabl	on es botor is a so tor is not otor's aggi less than s applicable	defined "incurra a personall business a small business a	er 7 er 9 er 11 er 12 er 13 er primarily co in 11 U.S.C. § ed by an indivioual, family, or Chap debtor as	Petition is File Creater of Creater of Creater (Check onsumer debts, a 101(8) as dual primarily household purpeter 11 Debtor of Creater of Crea	busing for pose."	ecognition eding ecognition oceeding are primarily ess debts. ders or affiliates) be years thereafter).
Statistical/Administrative Information ☐ Debtor estimates that funds will be available	for distribution to u	in a	ccordance		S.C. § 1126(b).		SPACE IS FOR COURT	
Debtor estimates that, after any exempt prop there will be no funds available for distributi Estimated Number of Creditors			e expense	es paid,				
1- 50- 100- 200- 49 99 199 999	1,000- 5,000 5,001- 10,000		5,001- 0,000	50,001- 100,000	OVER 100,000			
\$0 to \$50,001 to \$100,001 to \$500,001 \$50,000 \$100,000 \$500,000 to \$1 million	\$1,000,001 \$10,000,001 to \$10 to \$50 million	to \$100 to] 100,000,001 \$500 hillion	\$500,000,001 to \$1 billion				
\$0 to \$50,001 to \$100,001 to \$500,001	\$1,000,001 \$10,000,001 to \$10 to \$50] 100,000,001 0 \$500	\$500,000,001 to \$1 billion				

B1 (Official Form 1)(04/13) Page 2 Name of Debtor(s): Voluntary Petition Bellmier, Ryan (This page must be completed and filed in every case) All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet) Case Number: Location Date Filed: Where Filed: - None -Date Filed: Location Case Number: Where Filed: Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet) Name of Debtor: Case Number: Date Filed: - None -District: Relationship: Judge: Exhibit B Exhibit A (To be completed if debtor is an individual whose debts are primarily consumer debts.) (To be completed if debtor is required to file periodic reports (e.g., I, the attorney for the petitioner named in the foregoing petition, declare that I forms 10K and 10Q) with the Securities and Exchange Commission have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 under each such chapter. I further certify that I delivered to the debtor the notice and is requesting relief under chapter 11.) required by 11 U.S.C. §342(b). ☐ Exhibit A is attached and made a part of this petition. \mathbf{X} /s/ Jay Meyers April 19, 2013 Signature of Attorney for Debtor(s) (Date) Jay Meyers jm5995 Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? Yes, and Exhibit C is attached and made a part of this petition. No. Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: ☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition. Information Regarding the Debtor - Venue (Check any applicable box) Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes) Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) (Name of landlord that obtained judgment) (Address of landlord) Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

B1 (Official Form 1)(04/13) Page 3 Name of Debtor(s): Voluntary Petition Bellmier, Ryan (This page must be completed and filed in every case) **Signatures** Signature(s) of Debtor(s) (Individual/Joint) Signature of a Foreign Representative I declare under penalty of perjury that the information provided in this I declare under penalty of perjury that the information provided in this petition petition is true and correct. is true and correct, that I am the foreign representative of a debtor in a foreign If petitioner is an individual whose debts are primarily consumer debts and proceeding, and that I am authorized to file this petition. has chosen to file under chapter 7] I am aware that I may proceed under (Check only one box.) chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief ☐ I request relief in accordance with chapter 15 of title 11. United States Code. available under each such chapter, and choose to proceed under chapter 7. Certified copies of the documents required by 11 U.S.C. §1515 are attached. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b). ☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting I request relief in accordance with the chapter of title 11, United States Code, recognition of the foreign main proceeding is attached. specified in this petition. X /s/ Ryan Bellmier Signature of Foreign Representative Signature of Debtor Ryan Bellmier Printed Name of Foreign Representative Signature of Joint Debtor Date Telephone Number (If not represented by attorney) Signature of Non-Attorney Bankruptcy Petition Preparer April 19, 2013 I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for Date compensation and have provided the debtor with a copy of this document Signature of Attorney* and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services X /s/ Jay Meyers chargeable by bankruptcy petition preparers, I have given the debtor notice Signature of Attorney for Debtor(s) of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Jay Meyers jm5995 Official Form 19 is attached. Printed Name of Attorney for Debtor(s) Law Office of Jay Meyers Printed Name and title, if any, of Bankruptcy Petition Preparer Firm Name 1688 Victory Boulevard Ste. 201 Staten Island, NY 10314 Social-Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition Address preparer.)(Required by 11 U.S.C. § 110.) Email: sibankruptcylawyer@gmail.com 718 273-2525 Fax: 718 981-0433 Telephone Number April 19, 2013 Address Date *In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect. Date Signature of Debtor (Corporation/Partnership) Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above. I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition Names and Social-Security numbers of all other individuals who prepared or on behalf of the debtor. assisted in preparing this document unless the bankruptcy petition preparer is The debtor requests relief in accordance with the chapter of title 11, United not an individual: States Code, specified in this petition. Signature of Authorized Individual If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person. Printed Name of Authorized Individual A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in Title of Authorized Individual fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

Date

B 1D (Official Form 1, Exhibit D) (12/09)

United States Bankruptcy Court Eastern District of New York

In re	Ryan Bellmier		Case No.	
		Debtor(s)	Chapter	7

EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.]

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]

B 1D (Official Form 1, Exhibit D) (12/09) - Cont.	Page 2
mental deficiency so as to be incapable of reafinancial responsibilities.); □ Disability. (Defined in 11 U.S.C. §	109(h)(4) as impaired by reason of mental illness or dizing and making rational decisions with respect to 109(h)(4) as physically impaired to the extent of being in a credit counseling briefing in person, by telephone, or ombat zone.
☐ 5. The United States trustee or bankruptcy requirement of 11 U.S.C. § 109(h) does not apply in	administrator has determined that the credit counseling this district.
I certify under penalty of perjury that the	information provided above is true and correct.
Signature of Debtor:	/s/ Ryan Bellmier Ryan Bellmier
Date: April 19, 2013	

B6 Summary (Official Form 6 - Summary) (12/07)

United States Bankruptcy Court Eastern District of New York

In re	Ryan Bellmier		Case No.	
_		Debtor ,		
			Chapter	7
			•	

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	0.00		
B - Personal Property	Yes	3	1,785.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		0.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	5		48,108.14	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			1,482.13
J - Current Expenditures of Individual Debtor(s)	Yes	1			1,980.00
Total Number of Sheets of ALL Schedu	ıles	16			
	To	otal Assets	1,785.00		
			Total Liabilities	48,108.14	

Form 6 - Statistical Summary (12/07)

United States Bankruptcy Court Eastern District of New York

In re	Ryan Bellmier		Case No.		
		Debtor			
		Debtoi			
			Chapter	7	
			<u> </u>		

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. \S 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00
Student Loan Obligations (from Schedule F)	25,773.20
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	25,773.20

State the following:

Average Income (from Schedule I, Line 16)	1,482.13
Average Expenses (from Schedule J, Line 18)	1,980.00
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	1,988.00

State the following:

Total from Schedule D, "UNSECURED PORTION, IF ANY" column		0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		0.00
4. Total from Schedule F		48,108.14
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		48,108.14

	Case 1-13-42335-ess D	0C 1 Filed 04/19/13	3 Entered 04/19/	13 16:23:38	
B6A (Office	ial Form 6A) (12/07)				
In re	Ryan Bellmier		Case No.		
•		Debtor	,		
	SCHO	DULE A - REAL PI	OODEDTV		
cotenant, the debto "J," or "C "Descript	cept as directed below, list all real property in whic community property, or in which the debtor has a r's own benefit. If the debtor is married, state whet " in the column labeled "Husband, Wife, Joint, or ion and Location of Property."	ch the debtor has any legal, ec life estate. Include any proper her husband, wife, both, or the Community." If the debtor ho	quitable, or future interest, ty in which the debtor ho e marital community own lds no interest in real prop	lds rights and pow the property by pla perty, write "None"	ers exercisable for acing an "H," "W," under
Unexpire If a claims to	not include interests in executory contracts and ded Leases. In entity claims to have a lien or hold a secured interest in the property, write "Non petition is filed, state the amount of any exemption	terest in any property, state the	e amount of the secured clount of Secured Claim."	laim. See Schedule	D. If no entity
	Description and Location of Property	Nature of Debtor's Interest in Property	Wife, Debto	ent Value of or's Interest in erty, without ng any Secured or Exemption	Amount of Secured Claim
	None				
			Sub-Total >	0.00	(Total of this page

0 continuation sheets attached to the Schedule of Real Property

(Report also on Summary of Schedules)

0.00

Total >

B6B (Official Form 6B) (12/07)

In re	Ryan Bellmier		Case No.	
•		Dobton	,	

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

	Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1.	Cash on hand	Х			
2.	Checking, savings or other financial		Savings account at TD Bank	-	500.00
	accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Checking acccount at Chase Bank	-	500.00
3.	Security deposits with public utilities, telephone companies, landlords, and others.	X			
4.	Household goods and furnishings, including audio, video, and computer equipment.		Misc goods and furniture	-	100.00
5.	Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6.	Wearing apparel.		Clothing	-	35.00
7.	Furs and jewelry.	X			
8.	Firearms and sports, photographic, and other hobby equipment.	X			
9.	Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10.	Annuities. Itemize and name each issuer.	X			

2 continuation sheets attached to the Schedule of Personal Property

1,135.00

Sub-Total >

(Total of this page)

 $B6B\ (Official\ Form\ 6B)\ (12/07)$ - Cont.

In	re Ryan Be	Ilmier			C	ase No	
	· · · · · · · · · · · · · · · · · · ·			Debtor	,		
		S	CHEDUI	LE B - PERSONA (Continuation Shee		Ϋ́Y	
	Type of P	ronerty	N O N E	Description and Loca	ation of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11.	Interests in an edu defined in 26 U.S under a qualified as defined in 26 U Give particulars. record(s) of any si 11 U.S.C. § 521(c	.C. § 530(b)(1) or State tuition plan J.S.C. § 529(b)(1). (File separately the uch interest(s).	х				
12.	Interests in IRA, I other pension or p plans. Give partic	profit sharing	X				
13.	Stock and interest and unincorporate Itemize.		X				
14.	Interests in partne ventures. Itemize.		X				
15.	Government and of and other negotial nonnegotiable ins	ole and	X				
16.	Accounts receival	ole.	X				
17.	Alimony, mainten property settlemen debtor is or may b particulars.	nts to which the	X				
18.		lebts owed to debtor nds. Give particulars.	2012 Tax	refund if any		-	Unknown
19.	Equitable or future states, and rights exercisable for the debtor other than Schedule A - Rea	or powers be benefit of the those listed in	X				
20.	Contingent and no interests in estate death benefit plan policy, or trust.	of a decedent,	х				
21.	Other contingent a claims of every na tax refunds, count debtor, and rights Give estimated va	nture, including erclaims of the to setoff claims.	x				
					_	Sub-Totate (Sub-Totate)	al > 0.00

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to the Schedule of Personal Property

 $B6B\ (Official\ Form\ 6B)\ (12/07)$ - Cont.

In re	Ryan Bellmier	Case No
_		,

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

	Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
22.	Patents, copyrights, and other intellectual property. Give particulars.	Х			
23.	Licenses, franchises, and other general intangibles. Give particulars.	X			
24.	Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25.	Automobiles, trucks, trailers, and other vehicles and accessories.	1	998 Chevrolet Blazer	-	650.00
26.	Boats, motors, and accessories.	X			
27.	Aircraft and accessories.	X			
28.	Office equipment, furnishings, and supplies.	X			
29.	Machinery, fixtures, equipment, and supplies used in business.	X			
30.	Inventory.	X			
31.	Animals.	X			
32.	Crops - growing or harvested. Give particulars.	X			
33.	Farming equipment and implements.	X			
34.	Farm supplies, chemicals, and feed.	X			
35.	Other personal property of any kind not already listed. Itemize.	X			

| Sub-Total > 650.00 | | (Total of this page) | Total > 1,785.00 |

Sheet **2** of **2** continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

B6C (Official Form 6C) (4/13)

In re	Ryan Bellmier	Case No
		,
		Dobton

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

(Check one box) \$155,675. (Amou.	claims a homestead exemption that exceeds int subject to adjustment on 4/1/16, and every three years thereafte respect to cases commenced on or after the date of adjustment.)
-----------------------------------	--

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Checking, Savings, or Other Financial Accounts, C		•	
Savings account at TD Bank	11 U.S.C. § 522(d)(5)	500.00	500.00
Checking acccount at Chase Bank	11 U.S.C. § 522(d)(5)	500.00	500.00
Household Goods and Furnishings Misc goods and furniture	11 U.S.C. § 522(d)(3)	45.00	100.00
Wearing Apparel Clothing	11 U.S.C. § 522(d)(5)	35.00	35.00
Other Liquidated Debts Owing Debtor Including Ta 2012 Tax refund if any	<u>x Refund</u> 11 U.S.C. § 522(d)(5)	0.00	Unknown
Automobiles, Trucks, Trailers, and Other Vehicles 1998 Chevrolet Blazer	11 U.S.C. § 522(d)(1)	650.00	650.00

Total: 1,730.00 1,785.00

B6D (Official Form 6D) (12/07) Case No. _____ In re Ryan Bellmier Debtor

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and

other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CDEDITIONIS NAME	CO	Hu	sband, Wife, Joint, or Community	U	D I	AMOUNT OF			
CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	D E B T O R	C J M	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	OM-1>0-12C	- 0 P U T U D	CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY	
Account No. xxxxx3610			2009 Yamaha-Surrendered	T	T E				
Capital One P.O.Box 71083 Charlotte, NC 28272		-	Value \$ 0.00	-	D		0.00	0.00	
	┡	┢	value \$ 0.00	Н			0.00	0.00	
Account No.			Value \$ Value \$	-					
Account No.									
				-					
	L		Value \$	Ш		Щ			
O continuation sheets attached Subtotal (Total of this page)							0.00	0.00	
	Total (Report on Summary of Schedules)								

6E (Offi	cial Form 6E) (4/13)	
In re	Ryan Bellmier	Case No.
	-	Debtor ,
	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
	SCHEDULE E - CREDITO	ORS HOLDING UNSECURED PRIORITY CLAIMS
so. If Do n schee liable colur "Disp "Tota listed also	iority should be listed in this schedule. In the boxes prount number, if any, of all entities holding priority claim nuation sheet for each type of priority and label each v. The complete account number of any account the debt of a minor child is a creditor, state the child's initials and ot disclose the child's name. See, 11 U.S.C. §112 and I If any entity other than a spouse in a joint case may be dule of creditors, and complete Schedule H-Codebtors. The contingent of the claim is unliquidated, pouted." (You may need to place an "X" in more than on Report the total of claims listed on each sheet in the botal" on the last sheet of the completed schedule. Report the total of amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the lon this Schedule E in the box labeled "Totals" on the Statistical Summary of Certain Liabilities and Report the total of amounts entitled to priority listed on the Statistical Summary of Certain Liabilities and Report the total of amounts entitled to priority listed on the Statistical Summary of Certain Liabilities and Report the total of amounts entitled to priority listed on the Statistical Summary of Certain Liabilities and Report the total of amounts entitled to priority listed on the Statistical Summary of Certain Liabilities and Report the total of amounts entitled to priority listed on the Statistical Summary of Certain Liabilities and Report the total of amounts entitled to priority listed on the Statistical Summary of Certain Liabilities and Report the total of each sheet in the section of the statistical summary of Certain Liabilities and Report the total of each sheet in the section of t	tor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Fed. R. Bankr. P. 1007(m). Fed. R. Bankr. P. 1007(m). Egiontly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled ne of these three columns.) ox labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled this total also on the Summary of Schedules. n each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total
total	also on the Statistical Summary of Certain Liabilities a	ınd Related Data.
	Check this box if debtor has no creditors holding unsecu	ured priority claims to report on this Schedule E.
TYF	PES OF PRIORITY CLAIMS (Check the approp	priate box(es) below if claims in that category are listed on the attached sheets)
C		rable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative nestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).
□ E	Extensions of credit in an involuntary case	
	Claims arising in the ordinary course of the debtor's buse or the order for relief. 11 U.S.C. § 507(a)(3).	siness or financial affairs after the commencement of the case but before the earlier of the appointment of a
_	Vages, salaries, and commissions	
repre		severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales 0 days immediately preceding the filing of the original petition, or the cessation of business, whichever (4).
	Contributions to employee benefit plans	
	Money owed to employee benefit plans for services ren hever occurred first, to the extent provided in 11 U.S.C	dered within 180 days immediately preceding the filing of the original petition, or the cessation of business, \mathbb{C} . § 507(a)(5).
	Certain farmers and fishermen Claims of certain farmers and fishermen, up to \$6,150*	per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
C	Deposits by individuals Claims of individuals up to \$2,775* for deposits for the ered or provided. 11 U.S.C. § 507(a)(7).	e purchase, lease, or rental of property or services for personal, family, or household use, that were not
	Taxes and certain other debts owed to government of axes, customs duties, and penalties owing to federal, so	mental units state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).
	Commitments to maintain the capital of an installation based on commitments to the FDIC, RTC, Direct	ured depository institution ctor of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federa Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

$\hfill\square$ Claims for death or personal injury while debtor was intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

^{*} Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

вог (Опіс	iai Form 6F) (12/07)	
In re	Ryan Bellmier	Case No
	,	Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

Check this box if debtor has no creditors holding unsecure	eu c	ıaııı	is to report on this schedule F.				
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Hu H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGEN	QULD	DISPUTED	AMOUNT OF CLAIM
Account No. xxxxx8681			Student Loan	Ϊ	A T E D		
ACS PO BOX 7051 Utica, NY 13504		-			D		9,500.00
Account No. xxxxx6213			5/1/2012	T			
Allied Interstate LLC P.O. Box 26190 Minneapolis, MN 55426		-	Student Loan				13,673.20
Account No. xxxxx3063			Consumer goods purchased on credit				
American Express PO Box 360001 Fort Lauderdale, FL 33336-0001		-					1,000.00
Account No. xxxxx4291			5/2012	+			
American Express PO Box 360001 Fort Lauderdale, FL 33336-0001		-	Consumer goods purchased on credit				2,000.00
_4 continuation sheets attached			(Total of t	Subt			26,173.20

B6F (Official Form 6F) (12/07) - Cont.

In re	Ryan Bellmier	Case No.
-		Debtor ,

CREDITOR'S NAME,	CO	Hu	usband, Wife, Joint, or Community	CON	U N L	P	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C A M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	TINGEN	LQULD	P U T E	AMOUNT OF CLAIM
Account No. TD Bank			Checking account negative	Т	Ā T E		
Associated Credit Servic P.O. Box 5171 Westborough, MA 01581		-			D		1,574.74
Account No. xxxxx5156			Consumer goods purchased on credit				
Barclays Bank Delaware PO Box 8803 Wilmington, DE 19899		-					1,080.00
Account No. xxxxxxxx4324			5/2012				
BB&B/CBNA PO Box 6497 Sioux Falls, SD 57117		-	Consumer goods purchased on credit				4,900.00
Account No. xxxxx3832		T	1/2012	T			
Capital One P.O.Box 71083 Charlotte, NC 28272		-	Consumer goods purchased on credit				4,172.47
Account No. xxxxxxxxxxxxxxx			4/2012				
Capital One P.O.Box 71083 Charlotte, NC 28272		-	Consumer goods purchased on credit				461.00
Sheet no1 of _4 sheets attached to Schedule of				Sub	tota	ıl	12,188.21
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his	pag	ge)	12,100.21

B6F (Official Form 6F) (12/07) - Cont.

In re	Ryan Bellmier	Case No.
-		Debtor ,

	C	ш	sband, Wife, Joint, or Community	T_	Ιυ	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTLNGEN	ONL-QU-DATE	S P	AMOUNT OF CLAIM
Account No. xxxxx2233			1/2012	Т	E		
Chase Bank OH1-1272 340 S. Cleveland Ave Bldg 370 Westerville, OH 43081		_	Checking account negative		D		2,110.40
Account No. xxxxx3258			Consumer goods purchased on credit				
Comenity Bank/Fortunof PO Box 182273 Columbus, OH 43218		_					1,000.00
Account No. xxxxx0274	┢		Student Loan	+			,
Dept. of ED/NELNET 121 S. 13th Street Lincoln, NE 68508		_					2,600.00
Account No. xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx		_	5/2012 Consumer goods purchased on credit				
A N	_		0,004.0	_			352.00
Account No. xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx		_	9/2012 Consumer goods purchased on credit				150.00
Sheet no. _2 of _4 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	•		(Total of	Subt			6,212.40

 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Ryan Bellmier	Case No.
_		Debtor

	_			_		_	
CREDITOR'S NAME,	CO	Hu	sband, Wife, Joint, or Community	CO	U N	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	ODE BT OR	C A M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	NTINGEN	LIQUIDAT	P U T F	AMOUNT OF CLAIM
Account No. xxxxxxxxxxxxxxxx			Consumer goods purchased on credit]⊤	T E D		
GECRB/PAYPAL PO Box 981064 El Paso, TX 79998		-			D		Unknown
Account No. xxxxxxxxxxxxxxx			Consumer goods purchased on credit				
GECRB/WHITEHALL PO Box 981439 El Paso, TX 79998		-					0.00
Account No. xxxxxxxxxxxxx	┢	H	5/2012	T			
GEMB/GAP PO BOX 981400 El Paso, TX 79998		-	Consumer goods purchased on credit				500.00
Account No. xxxxxx xxx # xxxxx17-35	Ī		1/2012				
IC System, Inc 444 Highway 96 East P.O. Box 64887 Saint Paul, MN 55164		-	Consumer goods purchased on credit				1,610.40
Account No. xxxxx8529			1/2012				
Invoice Audit Services P.O Box 559 Coraopolis, PA 15108		-	Medical				186.01
Sheet no. 3 of 4 sheets attached to Schedule of				Subt			2,296.41
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his	pag	ge)	2,200.41

 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Ryan Bellmier	Case No.
		Debtor

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Hu H W J C	CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGEN	UNLIQUIDATED	D I S P U T E D	AMOUNT OF CLAIM
Account No. xx1200	1		1/2012	٦	E		
Joshua Kanner & Bryan Pieroni, DDS c/o Robert Judge Esq 44 Court St Ste 1206 Brooklyn, NY 11201		-	Medical				631.79
Account No. xxxxx1849			2/2012				
Orchard Bank HSBC Card Services PO Box 17051 Baltimore, MD 21288-0001		-	Consumer goods purchased on credit				
	L						370.12
Account No. xxx #xxxxx1660 Penn Credit Corp PO Box 988 Harrisburg, PA 17108-0988		-	Consumer goods purchased on credit				
							50.00
Account No. xxxxxxx xx. xxxxx1079 Quest Diagnostic P.O Box 71304 Philadelphia, PA 19176		_	2/2012 Medical				
							186.01
Account No.	T						
Sheet no4 of _4 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of t	Sub			1,237.92
Creations froming offsecured nonphority Claims			(Total of t				
			(Report on Summary of So		ota lule		48,108.14

B6G (Offic	ial Form 6G) (12/07)	
•		
In re	Ryan Bellmier	Case No
-		Debtor

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

■ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.

B6H (Offic	ial Form 6H) (12/07)		
In re	Ryan Bellmier	Case No	_
-		Debtor	
		GCHERLINE II. COREREORG	

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

B6I (Off	icial Form 6I) (12/07)			
In re	Ryan Bellmier		Case No.	
		Debtor(s)	_	

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status:	DEPENDENTS (OF DEBTOR AND SP	OUSE		
Single	RELATIONSHIP(S): None.	AGE(S):			
Employment:	DEBTOR		SPOUSE		
Occupation	Mechanic Helper				
Name of Employer	National Grid				
How long employed	2 months				
Address of Employer	1 Metrotech Center Brooklyn, NY 11201				
	e or projected monthly income at time case filed)		DEBTOR		SPOUSE
	and commissions (Prorate if not paid monthly)	\$	2,154.53	\$	N/A
2. Estimate monthly overtime		\$	0.00	\$	N/A
3. SUBTOTAL		\$	2,154.53	\$	N/A
4. LESS PAYROLL DEDUCT	IONS				
 a. Payroll taxes and social 	security	\$	672.40	\$	N/A
b. Insurance		\$	0.00	\$	N/A
c. Union dues		\$	0.00	\$	N/A
d. Other (Specify):			0.00	\$	N/A
-		\$	0.00	\$	N/A
5. SUBTOTAL OF PAYROLL	DEDUCTIONS	\$	672.40	\$	N/A
6. TOTAL NET MONTHLY T	AKE HOME PAY	\$	1,482.13	\$	N/A
7. Regular income from operation	on of business or profession or farm (Attach detailed state	ement) \$	0.00	\$	N/A
8. Income from real property		\$	0.00	\$	N/A
Interest and dividends		\$	0.00	\$	N/A
dependents listed above	apport payments payable to the debtor for the debtor's use	e or that of \$	0.00	\$	N/A
11. Social security or governme		Φ.	0.00	Φ.	N1/A
(Specify):		\$	0.00	\$	N/A
10 D		\$	0.00	\$	N/A
12. Pension or retirement incon	ne	» —	0.00	<u>э</u>	N/A
13. Other monthly income		¢	0.00	¢	NI/A
(Specify):			0.00	\$	N/A N/A
			0.00	φ <u></u>	IN/A
14. SUBTOTAL OF LINES 7	THROUGH 13	\$	0.00	\$	N/A
15. AVERAGE MONTHLY IN	ICOME (Add amounts shown on lines 6 and 14)	\$	1,482.13	\$	N/A
16. COMBINED AVERAGE M	MONTHLY INCOME: (Combine column totals from line	15)	\$	1,482.1	3

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

B6J (Off	icial Form 6J) (12/07)			
In re	Ryan Bellmier		Case No.	
		Debtor(s)		

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time

case filed. Prorate any payments made bi-weekly, quarterly, semi-ann expenses calculated on this form may differ from the deductions from			erage monthly
☐ Check this box if a joint petition is filed and debtor's spouse main expenditures labeled "Spouse."	tains a separate household. Comple	ete a separate	schedule of
1. Rent or home mortgage payment (include lot rented for mobile hom	ne)	\$	900.00
a. Are real estate taxes included? Yes b. Is property insurance included? Yes			
2. Utilities: a. Electricity and heating fuel	_	\$	0.00
b. Water and sewer		\$	0.00
c. Telephone		\$	100.00
d. Other Cable, internet, cell phone		\$	125.00
3. Home maintenance (repairs and upkeep)		\$	0.00
4. Food		\$	500.00
5. Clothing		\$	40.00
6. Laundry and dry cleaning		\$	25.00
7. Medical and dental expenses		\$	0.00
8. Transportation (not including car payments)		\$	150.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.		\$	40.00
10. Charitable contributions		\$	0.00
11. Insurance (not deducted from wages or included in home mortgag	ge payments)		
a. Homeowner's or renter's		\$	0.00
b. Life		\$	0.00
c. Health		\$	0.00
d. Auto		\$	100.00
e. Other		\$	0.00
12. Taxes (not deducted from wages or included in home mortgage pa	ayments)		
(Specify)	•	\$	0.00
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list	t payments to be included in the	·	
plan)	1.7		
a. Auto		\$	0.00
b. Other		\$	0.00
c. Other		\$	0.00
14. Alimony, maintenance, and support paid to others		\$	0.00
15. Payments for support of additional dependents not living at your h	home	\$	0.00
16. Regular expenses from operation of business, profession, or farm		\$ 	0.00
17. Other	(utuen detaned statement)	\$	0.00
Other		\$	0.00
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report al if applicable, on the Statistical Summary of Certain Liabilities and Re 19. Describe any increase or decrease in expenditures reasonably anti	elated Data.)	\$	1,980.00
20. STATEMENT OF MONTHLY NET INCOME a. Average monthly income from Line 15 of Schedule I b. Average monthly expenses from Line 18 above		\$ \$	1,482.13 1,980.00
c. Monthly net income (a. minus b.)		\$	-497.87

B6 Declaration (Official Form 6 - Declaration). (12/07)

United States Bankruptcy Court Eastern District of New York

In re	Ryan Bellmier			Case No.	
			Debtor(s)	Chapter	7
	DECLARATIO	N CONCERN	ING DEBTOR	R'S SCHEDUL	ES
	DECLARATION UND	DER PENALTY (OF PERJURY BY	INDIVIDUAL DEI	BTOR
I declare under penalty of perjury that I have read the foregoing summary and schedules, consist sheets, and that they are true and correct to the best of my knowledge, information, and belief.					
Date	April 19, 2013	Signature	Isl Ryan Bellmier Ryan Bellmier Debtor	r	

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

United States Bankruptcy Court Eastern District of New York

In re	Ryan Bellmier		Case No.	
		Debtor(s)	Chapter	7

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

\$596.64 2013 YTD Employment Income: \$36,746.00 2012 Employment Income: \$63,557.00 2011 Employment Income

2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

2

3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR DATES OF PAYMENTS

AMOUNT PAID

AMOUNT STILL OWING

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DATES OF PAYMENTS/ TRANSFERS AMOUNT PAID OR VALUE OF TRANSFERS

AMOUNT STILL OWING

NAME AND ADDRESS OF CREDITOR

c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

AMOUNT STILL OWING

4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER NATURE OF PROCEEDING

COURT OR AGENCY AND LOCATION STATUS OR DISPOSITION

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF PROPERTY

^{*} Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

3

5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN

DESCRIPTION AND VALUE OF PROPERTY

6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately

preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN NAME AND LOCATION OF COURT CASE TITLE & NUMBER

DATE OF ORDER DESCRIPTION AND VALUE OF

PROPERTY

7. Gifts

None

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION

RELATIONSHIP TO DEBTOR, IF ANY

DATE OF GIFT

DESCRIPTION AND VALUE OF GIFT

8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE

Jay Meyers, Esq. 1688 Victory Blvd Staten Island, NY 10314 DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR AMOUNT OF MONEY
OR DESCRIPTION AND VALUE
OF PROPERTY
\$1,600.00

4

10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER

DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST

IN PROPERTY

11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS

DATE OF TRANSFER OR SURRENDER, IF ANY

13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

14. Property held for another person

None

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

5

15. Prior address of debtor

None

If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS NAME USED DATES OF OCCUPANCY

16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

NAME AND ADDRESS OF DATE OF ENVIRONMENTAL SITE NAME AND ADDRESS GOVERNMENTAL UNIT NOTICE LAW

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous

Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

NAME AND ADDRESS OF DATE OF ENVIRONMENTAL

SITE NAME AND ADDRESS GOVERNMENTAL UNIT NOTICE LAW

None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which

the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF

GOVERNMENTAL UNIT DOCKET NUMBER STATUS OR DISPOSITION

6

18. Nature, location and name of business

None

a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN ADDRESS

NATURE OF BUSINESS

BEGINNING AND ENDING DATES

NAME

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

None

NAME ADDRESS

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

None

a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED

None b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME

ADDRESS

DATES SERVICES RENDERED

None

c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME

ADDRESS

None d.

d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS

DATE ISSUED

7

20. Inventories

None

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY

(Specify cost, market or other basis)

None 1

b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS

DATE OF INVENTORY

21. Current Partners, Officers, Directors and Shareholders

None

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns,

controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE OF STOCK OWNERSHIP

22. Former partners, officers, directors and shareholders

None

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME

None

ADDRESS

DATE OF WITHDRAWAL

b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS

TITLE

DATE OF TERMINATION

23. Withdrawals from a partnership or distributions by a corporation

None

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR

DATE AND PURPOSE OF WITHDRAWAL

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

24. Tax Consolidation Group.

None

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

Q

25. Pension Funds.

None

If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date April 19, 2013
Signature /s/ Ryan Bellmier
Ryan Bellmier
Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

B8 (Form 8) (12/08)

	Eastern Distric	- •		
In re Ryan Bellmier			Case No.	
	De	ebtor(s)	Chapter 7	
PART A - Debts secured by pro-	ER 7 INDIVIDUAL DEBTOR roperty of the estate. (Part A mu Attach additional pages if nece	ıst be fully co	MENT OF INTENTION completed for EACH debt which	is secured by
Property No. 1				
Creditor's Name: Capital One			perty Securing Debt: -Surrendered	
Property will be (check one):				
■ Surrendered	☐ Retained			
If retaining the property, I intend ☐ Redeem the property ☐ Reaffirm the debt ☐ Other. Explain Property is (check one): ☐ Claimed as Exempt	(for example, avoid	d lien using 11 ■ Not claimed		
PART B - Personal property subjection Attach additional pages if necessary		columns of Par	t B must be completed for each une	xpired lease.
Property No. 1				
Lessor's Name: -NONE-	Describe Leased Prop	erty:	Lease will be Assumed pure U.S.C. § 365(p)(2): ☐ YES ☐ NO	suant to 11
I declare under penalty of perju personal property subject to an Date April 19, 2013	unexpired lease. Signature /s	tention as to s/ Ryan Bellm yan Bellmier	any property of my estate securin	g a debt and/or

United States Bankruptcy Court Eastern District of New York

In re	Ryan Bellmier				Case No		
				Debtor(s)	Chapter	7	
			COMPENSATIO			` ′	
C	compensation paid to me	within one year b	aptcy Rule 2016(b), I cert before the filing of the pet contemplation of or in con	ition in bankruptcy	, or agreed to be pai	d to me, for service	I that ces rendered or to
	For legal services, I	-				1,600.00	
	Prior to the filing of	this statement I h	ave received		\$	1,600.00	
	Balance Due				\$	0.00	
2.	The source of the comper	nsation paid to me	e was:				
	■ Debtor □	Other (specify)):				
3.	The source of compensati	ion to be paid to 1	me is:				
	■ Debtor □	Other (specify)):				
4.	■ I have not agreed to s	share the above-d	isclosed compensation wi	th any other person	unless they are me	mbers and associat	tes of my law firm.
			osed compensation with a list of the names of the p				my law firm. A
5.	In return for the above-d	isclosed fee, I hav	ve agreed to render legal s	ervice for all aspec	ts of the bankruptcy	case, including:	
ł	 Preparation and filing 	of any petition, s debtor at the mee	ion, and rendering advice schedules, statement of af- sting of creditors and conf	fairs and plan which	h may be required;	-	bankruptcy;
6. I			e-disclosed fee does not in actions by the US Tru		g service:		
			CERTIF	TICATION			
	certify that the foregoing ankruptcy proceeding.	g is a complete st	atement of any agreement	or arrangement for	payment to me for	representation of t	the debtor(s) in
Dated	l: April 19, 2013			s/ Jay Meyers			
				Jay Meyers jm59			
				Law Office of Ja 1688 Victory Boo			
			;	Staten Island, N	/ 10314		
				718 273-2525 Fa	ax: 718 981-0433		

United States Bankruptcy Court Eastern District of New York

In re	Ryan Bellmier		Case No.	
		Debtor(s)	Chapter	7

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s) or attorney for the debtor(s) hereby verify that the attached matrix (list of creditors) is true and correct to the best of their knowledge.

Date: April 19, 2013

/s/ Ryan Bellmier

Ryan Bellmier

Signature of Debtor

Date: April 19, 2013

/s/ Ryan Bellmier

Signature of Attorney

Signature of Attorney
Jay Meyers jm5995
Law Office of Jay Meyers
1688 Victory Boulevard Ste. 201
Staten Island, NY 10314
718 273-2525 Fax: 718 981-0433

USBC-44 Rev. 9/17/98

ACS PO BOX 7051 Utica, NY 13504

Allied Interstate LLC P.O. Box 26190 Minneapolis, MN 55426

American Express PO Box 360001 Fort Lauderdale, FL 33336-0001

American Express PO Box 360001 Fort Lauderdale, FL 33336-0001

Associated Credit Servic P.O. Box 5171 Westborough, MA 01581

Barclays Bank Delaware PO Box 8803 Wilmington, DE 19899

BB&B/CBNA PO Box 6497 Sioux Falls, SD 57117

Capital One P.O.Box 71083 Charlotte, NC 28272

Capital One P.O.Box 71083 Charlotte, NC 28272

Capital One P.O.Box 71083 Charlotte, NC 28272

Chase Bank OH1-1272 340 S. Cleveland Ave Bldg 370 Westerville, OH 43081 Comenity Bank/Fortunof PO Box 182273 Columbus, OH 43218

Dept. of ED/NELNET 121 S. 13th Street Lincoln, NE 68508

First Premier Bank 900 West Delaware Sioux Falls, SD 57117

GECRB/JCP PO Box 981402 El Paso, TX 79998

GECRB/PAYPAL PO Box 981064 El Paso, TX 79998

GECRB/WHITEHALL PO Box 981439 El Paso, TX 79998

GEMB/GAP PO BOX 981400 El Paso, TX 79998

IC System, Inc 444 Highway 96 East P.O. Box 64887 Saint Paul, MN 55164

Invoice Audit Services P.O Box 559 Coraopolis, PA 15108

Joshua Kanner & Bryan Pieroni, DDS c/o Robert Judge Esq 44 Court St Ste 1206 Brooklyn, NY 11201 Orchard Bank HSBC Card Services PO Box 17051 Baltimore, MD 21288-0001

Penn Credit Corp PO Box 988 Harrisburg, PA 17108-0988

Quest Diagnostic P.O Box 71304 Philadelphia, PA 19176

B22A (Official Form 22A) (Chapter 7) (04/13)

In re Ryan Bellmier	
Debtor(s) Case Number:	According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):
(If known)	☐ The presumption arises.
	■ The presumption does not arise.
	\square The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by \$707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
171	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.
1C	□ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	a. □ I was called to active duty after September 11, 2001, for a period of at least 90 days and □ I remain on active duty /or/ □ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;
	OR
	 b. ☐ I am performing homeland defense activity for a period of at least 90 days /or/ ☐ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.

		Part II. CALCULATION OF N	AOI	NTHLY INC	CON	ME FOR § 707(b)(7) E	XCLUSION		
		tal/filing status. Check the box that applies		•		•	emen	at as directed.		
	a.	Unmarried. Complete only Column A ("I	Debto	or's Income'') f	or L	ines 3-11.				
2	' 1	Married, not filing jointly, with declaration "My spouse and I are legally separated unde purpose of evading the requirements of § 70 for Lines 3-11.	r app	licable non-ban	krup	otcy law or my spouse ar	nd I a	re living apart o	ther than for the	;
	с. 🗆	Married, not filing jointly, without the dec ("Debtor's Income") and Column B ("Spo					b abo	ove. Complete b	oth Column A	
		Married, filing jointly. Complete both Co					'Spo	use's Income'')	for Lines 3-11.	
		gures must reflect average monthly income						Column A	Column B	
		dar months prior to filing the bankruptcy can ling. If the amount of monthly income varies						Debtor's	Spouse's	
		onth total by six, and enter the result on the			,	journast arviae and		Income	Income	
3	Gross	s wages, salary, tips, bonuses, overtime, co	mmi	ssions.			\$	1,988.00	\$	
		ne from the operation of a business, profe								
		the difference in the appropriate column(s)								
		ess, profession or farm, enter aggregate num nter a number less than zero. Do not includ								
4		b as a deduction in Part V.	c arry	part of the st		ss expenses effected of				
				Debtor		Spouse				
	a.	Gross receipts	\$.00					
	b. c.	Ordinary and necessary business expenses Business income	_	btract Line b fr	.00		\$	0.00	¢	
	_						Jφ	0.00	J.	
	Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any									
	part of the operating expenses entered on Line b as a deduction in Part V.					_				
5		1		Debtor		Spouse				
	a.	Gross receipts	\$ s \$		0.00					
	b. c.	Ordinary and necessary operating expense Rent and other real property income		btract Line b fr			\$	0.00	\$	
6		est, dividends, and royalties.	Bu	otract Line 5 ii	0111 1	Line u	\$	0.00		
7		ion and retirement income.					\$	0.00		
,			on o	nogular basis	fon	the household	Φ	0.00	J.	
	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that									
8	purp	ose. Do not include alimony or separate mai	ntena	ince payments of	or an	nounts paid by your				
		se if Column B is completed. Each regular p					\$	0.00	¢	
		ayment is listed in Column A, do not report		-			Ф	0.00	J.	
		nployment compensation. Enter the amount ever, if you contend that unemployment com								
9	benefit under the Social Security Act, do not list the amount of such compensation in Column A									
9	or B,	but instead state the amount in the space be	low:		1		1			
		mployment compensation claimed to benefit under the Social Security Act Debt	or \$	0.00	Spo	ouse \$	\$	0.00	¢	
	_	ne from all other sources. Specify source a	nd an	nount If neces	carv	list additional sources	JΨ	0.00	Ψ	
		separate page. Do not include alimony or se								
		se if Column B is completed, but include a								
		tenance. Do not include any benefits received as a victim of a war crime, crime against								
10		estic terrorism.	mann	unity, or as a vi	Ctiiii	of international of				
				Debtor		Spouse				
	a.		\$			\$				
	b.		\$			\$	J			
		and enter on Line 10					\$	0.00	\$	
11		otal of Current Monthly Income for § 707 mn B is completed, add Lines 3 through 10 is					\$	1,988.00	\$	

1

12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.		1,988.00					
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION							
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.							
14	Applicable median family income. Enter the median family income for the applicable state and ho (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankrup							
	a. Enter debtor's state of residence: NY b. Enter debtor's household size:	1	\$	47,790.00				
	Application of Section 707(b)(7). Check the applicable box and proceed as directed.		•					
The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.								
	☐ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts o	f this statement.						

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

	Part IV. CALCUL	ATION OF CURI	REN	Γ MONTHLY INCOM	ME FOR § 707(b)(2	2)
16	Enter the amount from Line 12.				\$	
17	Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero. S					\$
18	Current monthly income for § 70	7(b)(2). Subtract Line	17 fro	m Line 16 and enter the resu	ılt.	\$
	Part V. C	ALCULATION (OF D	EDUCTIONS FROM	INCOME	
	Subpart A: De	ductions under Star	ndard	s of the Internal Revenu	e Service (IRS)	
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.				\$	
19B	National Standards: health care. Enter in Line al below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B. Persons under 65 years of age Persons 65 years of age or older Allowance per person Allowance per person					
	b1. Number of persons c1. Subtotal		b2.	Number of persons Subtotal		\$
Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.			\$			

20B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero.							
	a. IRS Housing and Utilities Standards; mortgage/rental expense b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$						
	c. Net mortgage/rental expense	Subtract Line b from Line a.	\$					
21	Local Standards: housing and utilities; adjustment. If you contend 20B does not accurately compute the allowance to which you are entit Standards, enter any additional amount to which you contend you are contention in the space below:	led under the IRS Housing and Utilities	c					
	I and Standards to see the first see the second section with the second section see the second section	4.4	\$					
22A	Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8. \[\begin{array}{cccccccccccccccccccccccccccccccccccc							
	If you checked 0, enter on Line 22A the "Public Transportation" amou Transportation. If you checked 1 or 2 or more, enter on Line 22A the 'Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at www.usdoj.gov/ust/or.neg/	Operating Costs" amount from IRS Local applicable Metropolitan Statistical Area or	\$					
22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)							
	Local Standards: transportation ownership/lease expense; Vehicle you claim an ownership/lease expense. (You may not claim an owners vehicles.) □ 1 □ 2 or more.							
23	Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation							
	a. IRS Transportation Standards, Ownership Costs	\$						
	Average Monthly Payment for any debts secured by Vehicle b. 1, as stated in Line 42	\$						
	c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$					
24	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.							
	a. IRS Transportation Standards, Ownership Costs	\$						
	Average Monthly Payment for any debts secured by Vehicle b. 2, as stated in Line 42	\$						
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$					
25	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal,							

Other Necessary Expenses: involuntary deductions for employments. Enter the total average monthly payroll decisions that are required for your employment, such as relument contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(8) contributions. Other Necessary Expenses: elife insurance. Hinter total average monthly premiums that you actually pay for term any other form of insurance. Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44. Other Necessary Expenses: education for engloquent or for a physically or mentally challenged child. Enter the cold average monthly amount that you actually expend for education that is a condition of employment and for education that is a condition of employment and for education that is a condition of employment and for education that is a condition of employment and for education that is a condition of employment and for education that is a condition of employment and for education that is a condition of employment and for education that is a condition of employment and for education that is a condition of employment and for education that is required for in the physically or mentally challenged dependent child for whom no public education providing similar services is available. Other Necessary Expenses: children: Enter the total average monthly amount that you actually expend on childcare - such as behysiting, day care, nursery and preschool. Bo not include other educational payments. Other Necessary Expenses the children: Enter the total actual payment and the provided payments for health insurance or health savings accounts listed in Line 34. Other Necessary Expenses that it is equired for the health and welfare of yourself or your dependents, and the provided payments of the contribution servi							
life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.	26	deductions that are required for your employment, such as retin	rement contributions, union dues, and uniform costs.	\$			
Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44. Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available. 30 Other Necessary Expenses: childrane. Enter the total average monthly amount that you actually expend on childcare- such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. Other Necessary Expenses thealth care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34. Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for relecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller of, special policy actually pay for relecommunication services often than your basic home telephone and cell phone service - such as pagers, call waiting, caller of, special policy dependents. Do not include any amount previously deducted. S Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32. Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 19-32 Health Insurance, Disability Insurance, and Health Savings Acc	27	life insurance for yourself. Do not include premiums for insu	\$				
the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education of children services is available. 30 Other Necessary Expenses: children. Enter the total average monthly amount that you actually expend on children estable subsysitting, day care, nursery and preschool. Do not include other educational payments. \$\$\$ Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34. \$\$\$ Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basis home telephone and cell phone service - such as pagers, call vainting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted. \$\$\$\$ Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 19-32 Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents. 1.	28	pay pursuant to the order of a court or administrative agency, s	such as spousal or child support payments. Do not	\$			
childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34. Other Necessary Expenses: telecommunication services other than your basic home telephone and cell phone service - such as pagers, call wairing, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted. Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 19-32 Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents. A	29	the total average monthly amount that you actually expend for education that is required for a physically or mentally challeng	education that is a condition of employment and for	\$			
health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by instruance or paid by a health savings account, and that is in sexess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34. Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted. Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 19-32 Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents. a. Health Insurance b. Disability Insurance c. Health Savings Account Total and enter on Line 34. If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: S Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. S Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. S Protection against family violence. Enter the total	30	Other Necessary Expenses: childcare. Enter the total average childcare - such as baby-sitting, day care, nursery and preschool.	e monthly amount that you actually expend on ol. Do not include other educational payments.	\$			
actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted. 33 Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32. Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 19-32 Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents. a. Health Insurance	31	health care that is required for the health and welfare of yourse insurance or paid by a health savings account, and that is in ex	olf or your dependents, that is not reimbursed by cess of the amount entered in Line 19B. Do not	\$			
Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 19-32 Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents. a	32	actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and					
Note: Do not include any expenses that you have listed in Lines 19-32	33	Total Expenses Allowed under IRS Standards. Enter the tot	tal of Lines 19 through 32.	\$			
a. Health Insurance b. Disability Insurance c. Health Savings Account Total and enter on Line 34. If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: \$ Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court. Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary. Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$156.25* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with		Health Insurance, Disability Insurance, and Health Savings the categories set out in lines a-c below that are reasonably nec	Account Expenses. List the monthly expenses in				
C. Health Savings Account \$ \$ Total and enter on Line 34. If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: \$ Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. \$ Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court. \$ Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary. \$	34	a. Health Insurance \$					
Total and enter on Line 34. If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: \$		b. Disability Insurance \$					
If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: \$		c. Health Savings Account \$		\$			
Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court. Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary. Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$156.25° per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with		Total and enter on Line 34.					
expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court. Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary. Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$156.25* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with		below:	ctual total average monthly expenditures in the space				
actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court. Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary. Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$156.25* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with	35	expenses that you will continue to pay for the reasonable and nill, or disabled member of your household or member of your i	\$				
Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary. **Education expenses for dependent children less than 18.* Enter the total average monthly expenses that you actually incur, not to exceed \$156.25* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with	36	actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or					
actually incur, not to exceed \$156.25* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with	37	Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount					
documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.	38	actually incur, not to exceed \$156.25* per child, for attendance school by your dependent children less than 18 years of age. Y documentation of your actual expenses, and you must expla	at a private or public elementary or secondary ou must provide your case trustee with in why the amount claimed is reasonable and	\$			

 $^{^{*}}$ Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.						
40	Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).						\$
41	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 34 through 40						\$
		S	Subpart C: Deductions for De	bt 1	Payment		
42	Futu own, check scheck case, Paym						
		Name of Creditor	Property Securing the Debt		Average Monthly Payment	include taxes or insurance?	
	a.			\$	Total: Add Lines	□yes □no	\$
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. Name of Creditor Property Securing the Debt 1/60th of the Cure Amount a. S Total: Add Lines Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as					a may include in on to the ld include any such amounts in e Cure Amount otal: Add Lines aims, such as	\$
44	priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. I not include current obligations, such as those set out in Line 28.				ruptcy filing. Do	\$	
	Char chart						
45	a. b.	issued by the Executive Offic information is available at wy the bankruptcy court.)	apter 13 plan payment. strict as determined under schedules e for United States Trustees. (This vw.usdoj.gov/ust/ or from the clerk of ive expense of chapter 13 case	\$ x To	otal: Multiply Line	es a and b	\$
46	Total Deductions for Debt Payment. Enter the total of Lines 42 through 45.				\$		
		S	ubpart D: Total Deductions f	ron	n Income		
47	Tota	l of all deductions allowed unde	er § 707(b)(2). Enter the total of Lines	33,	41, and 46.		\$
		Part VI. DI	ETERMINATION OF § 707(I	b)(2	PRESUMP	ΓΙΟΝ	
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))						\$
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))					\$	
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result.					\$	
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.					\$	

	Initial presumption determination. Check the applicable box and proceed as directed.						
52	☐ The amount on Line 51 is less than \$7,475*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.						
	☐ The amount set forth on Line 51 is more than \$12,475* Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.						
	☐ The amount on Line 51 is at least \$7,475*, but not more than \$12,475*. Complete the remainder of Part VI (Lines 53 through 55).						
53	Enter the amount of your total non-priority unsecured debt	\$					
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number	\$					
	Secondary presumption determination. Check the applicable box and proceed as directed.						
55	☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.						
	☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.						
	Part VII. ADDITIONAL EXPENSE	CLAIMS					
56	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfard you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.						
	Expense Description	Monthly Amou	nt				
	a.	\$					
	b.	\$					
	C.	\$					
	d.	\$	_				
	Total: Add Lines a, b, c, and d	\$					
	Part VIII. VERIFICATION	1					
	I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case, both debtors						
57	Date: April 19, 2013 Signature: /s/ Ryan Bellmier Ryan Bellmier (Debtor)						

^{*} Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK

STATEMENT PURSUANT TO LOCAL BANKRUPTCY RULE 1073-2(b)

DEBTOR(S):	Ryan Bellmier	CASE NO.:.				
Pursuant to Local Bankruptcy Rule 1073-2(b), the debtor (or any other petitioner) hereby makes the following disclosure concerning Related Cases, to the petitioner's best knowledge, information and belief:						
was pending at any spouses or ex-spous partnership and one have, or within 180	time within eight years before es; (iii) are affiliates, as define or more of its general partners	or purposes of E.D.N.Y. LBR 1073-1 and E.D.N.Y. LBR 1073-2 if the earlier case the filing of the new petition, and the debtors in such cases: (i) are the same; (ii) are the same; (ii) are a din 11 U.S.C. § 101(2); (iv) are general partners in the same partnership; (v) are a s; (vi) are partnerships which share one or more common general partners; or (vii) either of the Related Cases had, an interest in property that was or is included in the a).]				
■ NO RELATED CASE IS PENDING OR HAS BEEN PENDING AT ANY TIME.						
☐ THE FOLLOWING RELATED CASE(S) IS PENDING OR HAS BEEN PENDING:						
1. CASE NO.:	JUDGE: DISTRIC	CT/DIVISION:				
		[If closed] Date of closing:				
		· ——				
CURRENT STATI	US OF RELATED CASE:	(Discharged/awaiting discharge, confirmed, dismissed, etc.)				
MANNER IN WH	ICH CASES ARE RELATED	(Refer to NOTE above):				
	LISTED IN DEBTOR'S SCH F RELATED CASE:	IEDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN				
2. CASE NO.:	JUDGE: DISTRIC	CT/DIVISION:				
CASE STILL PENI	DING (Y/N):	[If closed] Date of closing:				
CURRENT STATI	US OF RELATED CASE:					
		(Discharged/awaiting discharge, confirmed, dismissed, etc.)				
MANNER IN WH	ICH CASES ARE RELATED	(Refer to NOTE above):				
	LISTED IN DEBTOR'S SCH F RELATED CASE:	IEDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN				
3. CASE NO.:	JUDGE: DISTRIC	CT/DIVISION:				
CASE STILL PENI	DING (Y/N):	[If closed] Date of closing:				
CURRENT STATE	US OF RELATED CASE:					
		(Discharged/awaiting discharge, confirmed, dismissed, etc.)				
MANNER IN WH	ICH CASES ARE RELATED	(Refer to NOTE above):				
REAL PROPERTY	LISTED IN DEBTOR'S SCH	IEDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN				

(OVER)

DISCLOSURE OF RELATED CASES (cont'd) SCHEDULE "A" OF RELATED CASE:	
<i>NOTE:</i> Pursuant to 11 U.S.C. § 109(g), certain individuals who have be eligible to be debtors. Such an individual will be required to file	
TO BE COMPLETED BY DEBTOR/PETITIONER'S ATTORNE	Y, AS APPLICABLE:
I am admitted to practice in the Eastern District of New York (Y/N)): <u> </u>
CERTIFICATION (to be signed by pro se debtor/petitioner or debt	or/petitioner's attorney, as applicable):
I certify under penalty of perjury that the within bankruptcy case is as indicated elsewhere on this form.	not related to any case now pending or pending at any time, except
/s/ Jay Meyers	
Jay Meyers jm5995 Signature of Debtor's Attorney Law Office of Jay Meyers 1688 Victory Boulevard Ste. 201	Signature of Pro Se Debtor/Petitioner
Staten Island, NY 10314 718 273-2525 Fax:718 981-0433	Signature of Pro Se Joint Debtor/Petitioner
	Mailing Address of Debtor/Petitioner
	City, State, Zip Code
Failure to fully and truthfully provide all information required by th other petitioner and their attorney to appropriate sanctions, includin dismissal of the case with prejudice. NOTE: Any change in address must be reported to the Court immediately.	ng without limitation conversion, the appointment of a trustee or the

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